

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS

Registration District No. 791
Primary Registration District No. 1008
(No. 4497, PERSHING, 2)

File No. 4015
Registered No. 1058
St. Ward)

2. FULL NAME JOESHPHINE O'TOOLE

(a) Residence, No. 4497 Pershing St., 19 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF TH PATRICK H. O'TOOLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 30th. 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 73 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 203
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO. (STATE OR COUNTRY)

13. NAME THOMAS OBREIN.

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN. (STATE OR COUNTRY)

15. MAIDEN NAME JOESHPHINE ELLIS.

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN. (STATE OR COUNTRY)

17. INFORMANT REV. E.L. O'TOOLE. (ADDRESS) FARMINGTON, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE 12/25/37.

19. UNDERTAKER Thomas J. Truman (ADDRESS) 1519 SOUTH GRAND

20. FILED JAN 24 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1937 to Jan 23 1937. I last saw her alive on Jan 22 1937. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchitis Date of onset 1/19/37
Myxo-carditis
Pyelitis of cystitis
(no stones)

Other contributory causes of importance:

Name of operation Cholec Date of no
What test confirmed diagnosis? Cholec Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) James J. Drake M. D.
(Address) 204 N. 1st St. St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

